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**PARTICIPANT ASSENT FORM**

(to be completed by the child and their parent/guardian)

**Title of Project: The BILAG Biologics Prospective Cohort: Long-term Safety of New Treatments in the Management of SLE**

**Name of Researchers: Professor Ian Bruce**

**Please tick the box if you agree and leave it blank if you don’t agree**

1. I have read the information sheet dated 11/03/2011 (version 4) for the study
2. I understand what the study is about
3. I have had my questions answered in a way I understand
4. I know it is up to me to decide to take part. I can change my mind if I want without saying why. My doctors and nurses will still look after me.
5. I have told the person named below that I agree to take part in the study
6. I agree that my doctor can provide the researchers with information from my medical notes but they will keep this private.
7. I agree that my blood can be used for the research study
8. I agree my urine can be used for the research study
9. I agree that the study team can share my blood samples with other people doing research for lupus
10. I understand that my blood samples will be kept safely at the University of Manchester for use in future studies.
11. I understand that if I change my mind and withdraw consent from this study at a later date, my samples that have been donated cannot be withdrawn or destroyed.
12. I agree to allow the researcher to make contact with me about other studies in the future
13. I agree to take part in this study
14. I agree for my doctor to be told about my participation in the study

Name of person with parental responsibility for child

Date Signature

Name of patient Date Signature

Name of person taking consent Date Signature

Researcher Date Signature

*1 copy for patient and person with parental responsibility; 1copy for researcher; 1 copy to be kept with hospital notes*